

1.

Date Filed:

Proposed Effective Date for new business: Proposed Effective Date for renewal business:

## State of Rhode Island Department of Business Regulation



## Insurance Division 233 Richmond Street, Suite 233 Providence, Rhode Island 02903-4230 Telephone (401) 222-2223 Facsimile (401) 222-5475

## PROPERTY & CASUALTY RATE FILING GENERAL INFORMATION

Note: This form **must** accompany all rate filings. All rate filings must be submitted in duplicate (original plus 1 copy). In addition, the insurer **must** provide all the information as requested in the <u>Rate Procedural Information Summary</u>.

2.	Compa Group	ny Name (or con Name (if applica	npanies): ble):					
3.	Lines A Policy	Affected: Term:						
4.	Provide the indicated rate level changes (where applicable), proposed rate level changes and premium weights using premiums adjusted to current rate level for each coverage (e.g. bodily injury, property damage), subline (e.g. liability, physical damage), and all coverages combined.							
		Indicated	Proposed		Proposed Ra	te Level Ch	nange Com	nonents*
		Rate Level	Rate Level		Base Rate	te Eever er	iunge com	ропень
Coverag	<u>ge</u>	<u>Change</u>	<u>Change</u>	Weights	<u>Change</u>			
					(a)	(b)	(c)	(d)
All Cove								

\*Describe components of proposed change, e.g., class, increased limits, deductibles, age and symbols, territories, policy coverage, rules, etc.

Provide the estimated premium effect of this filing by coverage, subline, and all

5.

coverages combined.								
<u>Coverage</u>	Annual <u>Written Premium</u>	% Change Requested		nnual um Change				
All Coverages Combined								
6. Provide the dates and percentage changes for the last four rate level changes for line(s) of business affected by this filing by coverage, subline, and all coverages combined.								
Effective Date	e:							
Coverage	Prior <u>Change</u>	2nd Prior <u>Change</u>	3rd Prior <u>Change</u>	4th Prior <u>Change</u>				
			<u> </u>					
All Coverages Combined								
7. Number of Rh	node Island Policies (expo	osure units) written in e	each of the last five (5	5) years:				
5th Prior Year 4th Prior Year 3rd Prior Year 2nd Prior Year 1st Prior Year		# of Policies*	% Change					

<sup>\*</sup> If the number of policies is not available, use the number of exposure units. Example: Private Passenger Automobile – Car Years, Homeowners – House Years.

## 8. Calendar Year Experience:

	Rhode Island			Countrywide			
	Earned <u>Premium</u>	Incurred Losses including change in IBNR	Loss <u>Ratio</u>	Earned Premiu m	Incurred Losses including change in IBNR	Loss <u>Ratio</u>	
5th Prior Year 4th Prior Year							
3rd Prior Year 2nd Prior Year							
1st Prior Year Months							